## PATENT APPLICATION FEE DETERMINATION RECORD

\*

Application or Docket Number

; Effective October 1, 2001													
. CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS							R/	ATE.	FEE	7	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			( - เกิเกษร 20=		* *		X	9=		OR	X\$18=		
INDEPENDENT CLAIMS			- − mi	nus 3 =	*		X	12=		OR	X84=		
ML	JLTIPLE DEPEN	IDENT CLAIM PI	RESENT				+1	40=		OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TAL		OR				
CLAIMS AS AMENDED - PART II											OTHER	THAN	
(Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA	RA	ΤE	ADDI- TIONAI FEE		RATE	ADDI- TIONAL FEE	
S M	Total	· 43	Minus	**4	9	=	X\$	1	OR	X\$18=			
ME	Independent	· '2	Minus	***	3	=	X4	2=		OR	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							10=		OR	+280=		
							T ADDIT	OTAL	1	-	TOTAL ADDIT. FEE	1	
		(Column 1)	(Colum		nn 2) (Column 3)		ADDII	, rcc	<del></del>	<b>-</b>	ADDIT: 1 EE	-	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RA	TE	addi- Tional Fee		RATE	ADDI- TIONAL FEE	
NON	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
AME	Independent	*	Minus	***	- 01 4114	=	X4	2=		OR	X84=		
Ľ.	FIRST PRESE	NTATION OF MU	JETIPLE DEP	ENDENI	CLAIM		+14	10=		OR	+280=		
	AD (Column 1) (Column 2) (Column 3)									OR	TOTAL ADDIT. FEE		
										_			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Ψ Q Q	Total	*	Minus	**		=	X\$	9=		OR	X\$18=		
MEI	Independent	*	Minus	***	F.O. A.		X4	2=	<u>.</u>	OR	X84=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+14	0=		OR	+280=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								OTAL			TOTAL		
**	If the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE i S SPACE i	s less that is less tha	n 20, enter "20." n 3, enter "3."	ADDIT	FEE			ADDIT. FEE	L	
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09781667

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE (			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			43.					RATE	FEE		RATE	FEE	
FO	R		NUMBER FILED		NUMBER EXTRA		200.000 mm	BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
то	TAL CHARGEA	BLE CLAIMS	43 -minus 20= * 3			3		X\$ 9=		OR	X\$18=		
IND	EPENDENT CL	AIMS	அ_ minus 3 = *			8		X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM PRESENT								+135=			+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	25	OR	TOTAL		
CLAIMS AS AMENDED - PART II								IOIAL	355	OR	OTHER	ΤΗΔΝ	
		(Column 1)	(Column 2)			(Column 3)		SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIC PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOS	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		]=	Pages.	X40=		OR	X80=	•	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR	+270=		
									AN EPITE OF THE STREET	OR	TOTAL ADDIT. FEE	:	
	(Column 1) (Column 2) (Column 3)								42.44 See A 200	ני	ADDIT. FEL		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	Commenter	X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=	of the same	X40=		OR	X80=		
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT	CLAIM			+135=		OR	+270=		
			I	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE						
		nn 2)	(Column 3)				-						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X40=		OR	X80=		
卜	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=			+270=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													